

RECERTIFICATION APPLICATION INSTRUCTIONS

INTRODUCTION

Your certification is a personal property right, and as such, may be removed through “due process” for violations of the Uniform Disciplinary Act (UDA), RCW 18.130. When you are applying for certification, it is critical that you complete the application yourself, and that you answer all questions accurately. Please do not copy or modify the application form, including the Part D Confidential form. An altered, incomplete, or incorrectly completed application cannot be processed and will delay your possible certification.

STEP 1: IDENTIFICATION INFORMATION

Please complete the top portion of Page 1 of the application, and then proceed to Part A through C. **Please note that collection of your Social Security Number is required (42 USC 666 and Chapter 26.23 RCW). This is for our internal use only.**

STEP 2:

Part 'A'

1. Circle the level of certification you are requesting at this time.
2. Indicate whether you are requesting one of the following:
 - a. Recertification at your **current** certification level.
 - b. Reversion to a **lower** EMS certification level.
 - c. Reinstatement of an expired certification.
3. Choose **either** *PAID* or *VOLUNTEER* to indicate your primary status with the EMS agency you are associated with.

STEP 3:

Part 'B'

Choose the method in which you obtained the **majority** of your Continuing Medical Education (CME) for your last certification period. If you completed “**Traditional CME**”, the Washington State **written certification examination**, and successful completion of a practical examination within 6 months prior to application, is also required. This also applies to reinstatement. “**OTEP**” means an *Ongoing Training and Evaluation Program*, which is approved for specific EMS agencies by the Department of Health and Medical Program Director (MPD).

STEP 4:

Part 'C'

Please provide all of the information regarding your licensed EMS agency. If you are **not** associated with an EMS agency licensed in Washington State at this time, your application cannot be processed. Active association with a Washington State licensed EMS agency is **required** for recertification.

(continued on back page)

STEP 5: EMS AGENCY SUPERVISOR STATEMENT

Your EMS agency supervisor must complete this portion of your application. **NOTE:** You cannot sign for yourself as supervisor. Please have your supervisor sign and date the application.

STEP 6: MEDICAL PROGRAM DIRECTOR (MPD) STATEMENT

Follow the instructions from your local EMS coordinator or EMS agency supervisor to obtain your MPD's signature and date. Your application is not complete until it is signed and dated by the MPD recommending you for certification.

STEP 7: APPLICANT STATEMENT

You must sign and date your application attesting to the accuracy of the information you have provided. Your application is not complete if you have not ***signed and dated*** your application. **NOTE: Pages 1 and 2 of this application are good for a period of one year from the date the applicant signs the form.**

STEP 8: PART D

Part 'D' is a series of confidential, personal, background information questions asked of **all** applicants. The UDA requires this information. Your responses are necessary to help us ensure public safety and provide consistency with other health care professions. This page must be detached and returned by you **directly** to the ***Licensing and Certification office*** of the Washington State Department of Health, Office of Emergency Medical Services and Trauma System (*address at the bottom of Page 4*). **NOTE: Part D, pages 3 and 4 of the application are good for a period of 6 months from the date the applicant signs the form.**

Office of Emergency Medical Services and Trauma System website: www.doh.wa.gov/hsga/emtp/

**EXAMPLES OF WHY AN APPLICATION MAY
BE DELAYED OR NOT PROCESSED:**

- 1) Incomplete application and/or Part D (i.e., no agency supervisor or MPD signature, Social Security Number not given, question unanswered).
- 2) No Part D received.
- 3) Signatures of the agency supervisor, MPD, and applicant are not original signatures.
- 4) Application and/or Part D submitted is an out-dated version.
- 5) It has been more than one year since the applicant signed and dated pages 1 and 2 of the application form.
- 6) It has been more than 6 months since the applicant signed and dated Part D, pages 3 and 4 of the application form.

Please follow these instructions closely. If you have any questions, please contact the Licensing and Certification Section (contact information is on Page 2 of the application). Revised 10/03
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